## City of Santa Barbara HUMAN RESOURCES

CITY HALL, 735 ANACAPA STREET P.O. BOX 1990 SANTA BARBARA, CA 93102-1990 (805) 564-5316

For Office Use Only:					
Rec'd Notification:					
Exam #:					
Net WPM:					
Supplemental:					

## **HOURLY EMPLOYMENT APPLICATION**

		(Flease Fillit	in ink or Type)				
١.	Social Security Number:						
<u>2</u> .	Position Applied for:			_ Date:			
3.	Name:	First		Home Phone:			
1.	Address:	First	Middle	Cell Phone:			
5.	Number & Street E-mail:	City	State Zip How would you prefer to	receive notification? Pa	aper 🗌 E-mail 🗌		
6.	In case of emergency, notify:	lame	Address	Phone N	umher		
7.	Do you have a legal right to be permanently employed in the U.S.? Yes No At the time of appointment all new employees will be required to furnish documentation verifying their identity and authorization to work in the United States.						
3.	Are you now or have you ever been employed by the City of Santa Barbara? Yes ☐ No ☐						
	If yes, give date(s):						
).	Do you have any relatives, by blood If yes: Name of Relative:	·	? Yes ☐ No ☐				
	<b>5</b>			Division:	_		
0.	Do you possess a valid California D	river's License? Yes \( \square\) No \( [		_			
11.	Have you ever been convicted of a felony?  Yes No Have you ever been convicted of a misdemeanor? Yes No Have you ever been convicted of a misdemeanor? Yes No Have you ever been convicted of a misdemeanor? Yes No Have you ever been convicted of a misdemeanor? Yes No Have you have yo						
12. EDUCATION/TRAINING							
Have you graduated from High School or do you possess a GED? Yes  No							
	, 0	11 % 0 1 4 1	T'' (				
	Name and Location of Co	ollege or University	Subject or Major	Units Completed Semester Quarter	Title of Degree Awarded		
	List any training, certificates, licenses, computer, or language skills which directly relate to position applied for:						
	3. Within the last five (5) years, have you been honorably discharged, released from a Veteran's hospital, or completed veteran's paid schooling? Yes ☐ No ☐ Are you a disabled veteran or widow of a veteran? Yes ☐ No ☐ Note: If you wish to be considered for Veteran's Preference, you must submit DD Form 214 or applicable verification when application is filed.  4. Please list the names of professional references (other than family members or friends) who can be contacted to provide information regarding your work skills.						
N	Name of Reference:		Relations	ship:			
				Relationship:Phone No.:			
Name of Reference:				Relationship:			
P	Address:		Phone N	0.:			
_							

14. EMPLOYMENT HISTORY. List your employment, BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND WORK BACKWARDS. List each change of title or promotion separately. Account for periods of unemployment and indicate any other experience which you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, etc.) RESUMES MAY BE SUBMITTED IN ADDITION TO, BUT NOT IN PLACE OF, COMPLETION OF ANY PORTION OF THE APPLICATION. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION. Attach an additional sheet if extra space is needed. Employment verification may be made regarding your past experience. Check the Job Announcement for details on the qualifications the City is seeking. Current Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: Address:

Job Title:

Date Started / / Date Left / / Month Day Year Hours per Week:

Hours per Week: Responsibilities: \_\_\_\_\_ Rate of Pay: \_\_\_ Reason for Leaving: \_ Employer: \_\_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_ Job Title: \_\_\_\_\_ Date Started \_\_\_\_/ \_\_ Date Left \_\_\_/ / \_\_\_\_ Date Left \_\_\_/ / \_\_\_\_ Hours per Week: \_\_\_\_\_ Responsibilities: Reason for Leaving: \_ Address: Supervisor's Name/Job Title: Responsibilities: Reason for Leaving: \_\_ \_\_\_\_ Rate of Pay: \_\_\_\_ \_\_\_\_\_ Phone: \_\_\_\_\_ Employer: Address: Date Started / / Date Left / / Month Day Year Hours per Week: Job Title: \_\_\_\_\_ Supervisor's Name/Job Title: Responsibilities: \_\_\_ Rate of Pay: \_\_\_\_ Reason for Leaving: 15. May we contact your current employer? Yes ☐ No ☐ Past Employers? Yes ☐ No ☐ If no, please explain. I certify that this application and any supplemental information is true to the best of my knowledge and belief, and understand that false statements, information, or willful misrepresentation shall be just cause for rejection of this application or subsequent discharge. THIS APPLICATION MUST BE SIGNED IN INK AND DATED: